







2006

Medicare Prescription Drug Benefit (Part D) Eligibility & Enrollment Chart for Indiana

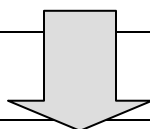
NOTE: Income guidelines are based on the 2005 Federal Poverty Guidelines for the 48 Contiguous States and the D.C., published in the Federal Register February 18, 2005.

IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
No Medicare Coverage	You are not eligible for Medicare Prescription Drug Benefits	N/A	N/A	Call SHIIP 1-800-452-4800	N/A
Medicaid Only	You are not eligible for Medicare Prescription Drug Benefits	N/A	N/A	Medicaid will continue to cover your prescriptions	N/A
Medicaid & Medicare (Dual-Eligible) AND: Yearly Income below \$9,570 (single) or \$12,830 (married) OR: Yearly Income above \$9,570 (single) or \$12,830 (married)	You are eligible for Extra Help <ul style="list-style-type: none"> • No premium • No deductible • No gap in coverage <div>  \$1 - \$3 co-pay for prescriptions </div> <div>  \$2 - \$5 co-pay for prescriptions </div>	You will be auto-assigned to a Drug Plan if you do not select a Drug Plan before 1/1/06	CMS will notify you by mail in late Spring 2005 (CMS – Centers for Medicare & Medicaid Services)	You do <u>not</u> need to apply for Extra Help. You are already eligible. You may want to select and enroll in a Drug Plan before you are auto-assigned to a Drug Plan on 1/1/06	11/15/05-12/31/05

The 2006 Medicare Prescription Drug Benefit Enrollment & Eligibility Chart for Indiana is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
<p>Medicare Savings Program QMB, SLMB, or QI (Medicaid helps pay for your Medicare) AND...</p> <p>Yearly income below \$9,570 (single) or \$12,830 (married)  \$1 - \$3 co-pay</p> <p>Yearly income above \$9,570 (single) or \$12,830 (married)  \$2 - \$5 co-pay</p>	<p>You are eligible for Extra Help</p> <ul style="list-style-type: none"> • No premium • No deductible • No gap in coverage 	You will be auto-assigned to a Drug Plan by May 2006	CMS will notify you by mail	<p>You do <u>not</u> need to apply for Extra Help. You are already eligible.</p> <p>You may want to select and enroll in a Drug Plan before you are auto-assigned to a Drug Plan by May 2006</p>	11/15/05-12/31/05
<p>Medicare with no prescription coverage</p> <p>Yearly income below: \$12,920 (single) or \$17,321 (married) AND Resources less than \$6,000 (single) or \$9,000 (married)</p>	<p>You are eligible for Extra Help, but you must <u>apply</u>.</p> <ul style="list-style-type: none"> • No premium • No deductible • No gap in coverage • \$2 or \$5 co-pay 	You will need to enroll in a Drug Plan	SSA will notify you by mail	<p>Apply for Extra Help </p> <p>Select and enroll in a Drug Plan. </p> <p>You may want to also apply for the Medicare Savings Program if your resources are below \$4,000 or \$6,000 if married.</p>	<p>7/1/05-12/31/05</p> <p>Open enrollment continues through 5/15/06, but to have Medicare Drug coverage by 1/1/06, you must enroll by 12/31/05.</p>

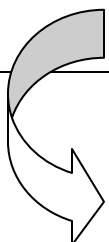
IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
<p>Medicare with no prescription coverage</p> <p>Yearly income below \$14,355 (single) or \$19,245 (married)</p> <p>AND</p> <p>Resources less than \$10,000 (single) or \$20,000 (married)</p>	<p>You are eligible for Extra Help, but you must <u>apply</u>.</p> <ul style="list-style-type: none"> • \$50 deductible • 15% co-pay • No gap in coverage • Sliding Scale Premium * (see chart below) 	You will need to enroll in a Drug Plan	SSA will notify you by mail	<p>Apply for Extra Help →</p> <p>Select and enroll in a Drug Plan →</p>	<p>7/1/05-12/31/05</p> <p>Open enrollment continues through 5/15/06, but to have Medicare Drug coverage by 1/1/06, you must enroll by 12/31/05.</p>



If your income is:	Single Income	Married Income	What you will pay in monthly premium
135% FPL or lower	Below \$12,920	Below \$17,321	0% of the premium
135% - 140% FPL	\$12,920 - \$13,398	\$17,322 – \$17,962	25% of the premium
140% - 145% FPL	\$13,399 - \$13,877	\$17,963 - \$18,604	50% of the premium
145% - 150% FPL	\$13,878 - \$14,355	\$18,605 - \$19,245	75% of the premium

* Medicare will pay the sliding-scale premium based on a dollar amount to be determined by CMS for this region.

IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
Medicare but your income and/or resources are above the Medicare Prescription Drug Benefit limits for Extra Help...	You are not eligible for Extra Help. <ul style="list-style-type: none"> • Est. \$35/mo premium • \$250 deductible • gap in coverage from \$2,250 to \$5,100 in drug expenses • After gap, you pay greater of 5% or \$2/\$5 co-pay 	You will need to enroll in a Drug Plan	CMS will mail you Drug Plan information in October 2005	Consider selecting and enrolling in a Drug Plan	11/15/05-12/31/05 Open enrollment continues through 5/15/06, but to have Medicare Drug coverage by 1/1/06, you must enroll by 12/31/05.
Medicare with other prescription coverage	Your current prescription drug coverage may or may not change.		CMS will notify you by mail	**Consider whether you should keep current coverage or enroll in the Medicare Prescription Drug Benefit	See chart below



**Medigap Policy (Medicare Supplement Policy)	If you have a Medigap policy with prescription drug coverage, it may or may not continue in 2006. Contact your insurance company for information. Your insurance company must notify you by 11/15/05 whether or not your coverage is as good as or better than the Medicare Prescription Drug Benefit, and when late penalties would apply if you choose to enroll in a Drug Plan later.
**Retirement Insurance Plan	Your retirement insurance plan may or may not change in 2006. Contact your plan for information. Your insurance company must notify you by 11/15/05 whether or not your coverage is as good as or better than the Medicare Prescription Drug Benefit, and when late penalties would apply if you choose to enroll in a Drug Plan later.
**HoosierRx (State Pharmaceutical Assistance Program)	HoosierRx members will receive a letter about changes to the HoosierRx program in October 2005. Call HoosierRx toll-free at 1-866-267-4679 for more information about Indiana's Prescription Drug Program.
**VA Prescription Benefits (Veteran's Administration)	If you receive VA Prescription Drug Benefits, you do not need to enroll in a Medicare Prescription Drug Plan. You will not have a late penalty if you decide to enroll later.